

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1	1					
2		1				
3		1				
4		3				
5		3				
6		3				
7		3				
8		0				
9		0				
10		0				
11		1				
12		1				
13	1					
14		1				
15		1				
16		1				
17		1				
18		0	1			
19				1		
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21				1		
22				1		
23				1		
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45				1		
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47				1		
48				1		
49				1		
50				1		
TOTAL IND.		↓	2	↓		↓
TOTAL DER.		↓	29	↓		↓
TOTAL CLAIMS			31			

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	IND.	DER.	IND.	DER.	IND.	DER.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DER.		↓		↓		↓
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADAMENDMENTS